

developed much good fellowship and a very considerable esprit de corps. If your society has not tried this plan, permit us to urge you to institute it. If your society for some reason or other at some time discontinued it, permit us to urge you to agitate its reinstitution.

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## 2. Membership Campaign:

Of some 7699 licensed physicians in California, some 4410 are members of the California Medical Association.

In other words, some 3289 licensed physicians and surgeons in our state are not members of medical societies of the counties wherein they have the right to practice.

It is certainly a very proper question for every one of us to ask of himself, why are so many licensed colleagues not associated with us?

Granted that some have retired from practice, that a certain number of others are for this, that or the other reason, not eligible according to our standards, it still must be evident that in this group of 3289 non-members there must be a very considerable number of colleagues who would benefit themselves, us, and the lay citizens of the state, if they were part and parcel of us.

Has your society in its own district made an impartial and broad-minded study of this problem? How many of such eligible practitioners are in your own county?

We are not so strong either in our county or state medical associations that we should be indifferent to these eligible colleagues who are now non-members. Every ethical, well-trained physician, should be of us and for us. Our aims are for a better and abler profession in order to give a better and broader service to the citizens of the commonwealth. We need the aid of every properly qualified colleague in California, and the aid of all such can do most good through the societies which collectively make up what is called organized medicine.

Why not determine in every one of our county societies that in this year 1928 we will endeavor to find out why such eligible non-members are not of us, and then take steps to bring the eligibles into affiliation with us?

For those who are in doubt as to how best to accomplish this end, reference is made to the editorial in the May, 1927 issue of this journal, page 665, wherein a practical plan that had been successfully tried in the past was outlined. We would urge officers and members alike to refer to this, and then early in this year (for the beginning, not the middle or terminal months, are the psychological months for a membership campaign) let us try to make our California Medical Association, through accretions of properly qualified new members in county units, develop into a still larger and outstanding state medical unit of our national association.

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## 3. Other Activities:

There are many other phases of county society work which could be discussed at considerable length, but such discussion must be postponed for future occasions.

Do not fail, however, through proper committees or otherwise, to keep an alert contact on all *public health activities of your district* so that the interests of medical education and practice be not jeopardized through faulty legislation.

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We trust our county society officers appreciate that the *state society officers and councilors* are *most anxious to be of service* in any phase of activity or service where county officers might think the advice and cooperation of state society colleagues could be of value.

To local officers who are in doubt as to what and how to do, the state officers particularly invite consultation if it is thought such counsel could be of value in the solution of local problems.

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## In Conclusion:

The year 1928. It is the year ahead of us. We will jointly write its history insofar as organized medicine in the states of California, Nevada and Utah is concerned. It is our hope that every county and state officer will measure up to his fullest obligations of service. If they do, the year will be a wonderful year for the California, Utah and Nevada Medical Associations, and for the medical profession and lay citizens of those states.

## EXPLOITATION OF PROFESSION

Adverse comment in state journals has been rife concerning the recent scheme of a cigarette firm to foist upon the public the unthinking endorsement of a few physicians throughout the country as the studied and scientific research results of the medical profession.

It is regrettable that any physicians should have thoughtlessly lent their support to this advertising scheme. The profession that has studiously worked to protect the people from fraudulent claims of drug advertisers should be more alert and discerning.

In the Readers' Forum is a letter by Dr. Gayle Moseley calling attention to a new scheme and warning that in time "doctors will be flooded with requests for approval of every kind of food product." Under Current Comment is an excerpt from the *New York Journal of Medicine* that is much to the point.

With all the criticism that has been roused against unscientific endorsement and all the publicity that has been given the careless signature of a circular letter by some thousands of the doctors of our nation, it is hoped that never again will a single signature appear until the signer has incontrovertible proof that the claims he is endorsing are findings made after actual scientific investigation.

## MEDICAL SOCIETY ELECTION PROCEDURES—AWKWARD AND OTHERWISE

One of our larger county medical societies has just gone through a somewhat unique and, what to many of its members was, somewhat of a surprising and confusing experience.

The lesson to be learned from what happened is that all parts of medical society constitutions and

by-laws should be carefully weighed and fully understood as to the significance of the wording and phraseology used before being adopted.

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What happened in this particular instance was this:

The board of councilors by some revised by-laws, acting as a nominating committee, was permitted to make but one nomination for each office to be filled.

Following the announcement of the council nominations, additional nominations could be made from the floor by any member at the first December meeting.

For several years this by-law has been in force, but as no such additional nominations were made from the floor, the by-law in question was never put to the test of use.

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In this last December, however, additional nominations were made and the names of the additional nominees were placed on the printed ballots.

Then followed the voting, which according to the new by-law was designated as a "primary" vote. With only two candidates for several offices, it seemed reasonable to assume that the nominee receiving the largest vote would have the majority and would therefore be declared elected.

Not so, however, for the phraseology was so involved that it was construed that it would again be necessary to vote for the same two candidates for certain offices.

Had the issues and feelings been less wrought up than in this campaign, perhaps no harm might have resulted. In this case, however, feeling seemed to run high, and the total vote instead of being the usual three or four hundred ballots out of a possible more than fifteen hundred or so, ran beyond twelve hundred.

This large vote was cast in both the primary and final ballots, with all the turmoil in evidence that would be incident to such an unusual vote.

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These thoughts are not penned to in smallest measure criticize the unusual interest taken in this particular election, for if we lived up to our full responsibilities in organized medicine we would have such a full response in suffrage function at each annual election of officers. That we fail to vote so many times in civic and professional responsibilities of this nature, is a reflection on all of us who plead guilty to such failure.

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The particular thoughts in the election being discussed to which we are tempted to call attention are the following:

In the old by-laws which were discarded, the council, acting as a nominating committee, could nominate not only one, but as many nominees as it saw fit for any one office.

In addition, any group of twenty members of the Association, by signing a nomination petition,

could nominate as many more members as they might wish.

The balloting which then took place decided who was elected to office, and the election incident was closed, with a minimum of misunderstanding or controversy.

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The new by-law refinement of a "primary" and then a "final" balloting, with electioneering manifest in the interval, in a profession which is so individualistic as our own, is not apt to make for good feeling or harmony or to promote the best interests of organized medicine.

Whatever does not make for a stronger, makes for a weaker organized profession. Our state association is made up of county units, which are the links of the chain which we call the state association. If one of the large and strong links of that chain is strained it carries that stress to marked degree not only in its own link, but also to a certain measure throughout the entire chain.

In this great state association of which we are members we are interested in making each link of the chain stronger, not weaker.

If through inadvertence some of the county units may have adopted procedures not conducive to the development of the fullest union, then it behooves such to consider a possible change of procedure.

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The memories of older members of the state association go back to meetings and elections in the early days of our organization when issues became so tense that differences of opinions flamed at times into feelings of opposition that laid the foundations for misunderstandings which existed for years. No good can result to the interests of organized medicine when partisanship leads to such results.

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In our own group of the healing art we are confronted with a sufficiently large number of important problems still to be solved, to utilize the energy of every one of us, without dissipating any of it in misunderstandings of one another.

Of course, we want interest and healthy rivalry in our annual elections of officers, for such interest sponsors developmental progress.

We would, however, eliminate methods of procedure which through cumbersome provisions prolong healthy interest to the point where heated rivalry is engendered.

Organized medicine to do its work must rely on a united profession. We want our issues, but once they are decided we should not dangle them before ourselves for a rededication.

From our conversations with members of the county unit which has gone through the experience which has been here cited, we believe that many colleagues are in general sympathy with the views here presented. The county society which has just gone through this new election experience will no doubt give its balloting procedures further consideration. Mention is here made of the matter because we profit through our experiences.